

Life's Final Journey: The Oncology Nurse's Role

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Healthcare professionals generally are taught to cure disease. During basic nursing or medical training, little emphasis may be placed on treating symptoms, especially those common throughout the dying process (Ferrell, Virani, Grant, & Rhome, 2000; Field, Cassel, & Institute of Medicine, 1997). Less attention is placed on the communication skills and end-of-life care planning that are integral to the comprehensive care of people with life-threatening illness (Field et al.). Although great strides have been made in prolonging survival, a significant percentage of patients diagnosed with cancer die from the disease. Therefore, oncology nurses must be skilled at the assessment and management of symptoms common during the final days of life.

Additionally, oncology nurses must be able to interpret patients' changing conditions and educate family members who may have little direct experience with the dying process. American society is a death-denying one, as evidenced by the quest for procedures and products to maintain youthfulness (Zimmermann & Rodin, 2004). Discussing death and the dying process requires excellent communication skills and a thorough knowledge of the physical and psychological changes common during that time of life.

Finally, oncology nurses must be able to care for themselves by identifying signs of burnout or abnormal coping that may result from the unresolved grief of caring for so

Despite advances in technology and science, many people diagnosed with cancer are likely to die from the disease. Because of the long-term relationships that oncology nurses develop with patients and their families during lengthy treatment periods, they are the most appropriate clinicians to provide care across the continuum and through the final journey. Care of patients in the final days of life requires a comprehensive knowledge of common syndromes, skillful assessment, and adept clinical management. Nurses cannot focus solely on the needs of patients; family members often are unaware of the dying process. Oncology nurses are uniquely qualified to provide education and support to families at the bedside witnessing the final days and hours of their loved ones. Finally, oncology nurses involved in the care of dying patients are at risk for burnout and need to provide care for their own needs to find balance between their professional and personal lives.

many patients who are in pain, suffering, and dying (Ferrell, 1999). Oncology nurses must examine their own beliefs and biases about death as well as find balance between the professional and personal components of life.

Nursing Management of Signs and Symptoms in the Final Hours of Life

Symptoms common at the end of life include rattle, delirium, myoclonus, and seizures. In a study of 200 patients with cancer, noisy breathing or rattle, pain, and urinary dysfunction were the most frequent symp-

toms during the last 48 hours of life (Lichter & Hunt, 1990). Other studies have confirmed that pain, delirium, dyspnea, and other symptoms are common in the final days (Hall, Schroder, & Weaver, 2002; Morita, Tsunoda, Inoue, & Chihara, 1999; Ng & von Gunten, 1998; Potter, Hami, Bryan, & Quigley, 2003). Oncology nurses who can manage the symptoms improve quality of life for patients and facilitate positive memories for patients' loved ones at the bedside.

Rattle

One of the most difficult symptoms for family members to observe during the final hours is what is referred to as "the death rattle," or rattle. The term refers to the sound of saliva and other fluids that accumulate in

the oropharynx and upper airways when individuals are too weak to clear their throats (Hall et al., 2002; Wildiers & Menten, 2002). Although the symptom is not painful for patients, its association with impending death often creates fear and anxiety for those at the bedside.

Some evidence exists that avoiding the tendency to overhydrate patients at the end of

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